



Office of the Secretary  
of Transportation

#### AGENCY DISPLAY OF ESTIMATED BURDEN

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**NOTE:** For information on where to file completed copies of this form, see Filing Instructions below.

OMB No. 2106-0030 Expires 9-30-2007

#### FOREIGN AIR CARRIERS - CERTIFICATE OF INSURANCE

##### POLICIES OF INSURANCE FOR AIRCRAFT ACCIDENT BODILY INJURY AND PROPERTY DAMAGE LIABILITY

**FILING INSTRUCTIONS:** File a signed original of this form with the Federal Aviation Administration, Air Transportation Div., AFS-260, 800 Independence Ave., SW., Washington, DC 20591. (See **EXCEPTION** below.)

**EXCEPTION:** If Section 2.A is filled in because the insured is a *Canadian Charter Air Taxi Operator*, file an original of this form with the U.S. Department of Transportation, Special Authorities Division (X-46), 400 7th Street, SW, Washington, D.C. 20590

(Please type information, except signatures.)

**THIS CERTIFIES THAT:** SEGUROS AFIRME, S.A. DE C.V. AFIRME GRUPO FINANCIERO

(Name of Insurer)

has issued a policy or policies of Aircraft Liability Insurance to TRANSPORTES AEREOS PEGASO, S.A. DE C.V.  
SANTANDER No. 15 PISO 10, COL. INSURGENTES MIXCOAC, BENITO JUAREZ,  
CIUDAD DE MEXICO, C.P. 03920

FAA Certificate Number \_\_\_\_\_

(Name, Address, and FAA Certificate Number of Insured Foreign Air Carrier)

effective from JUNE 30, 2021 until ten (10) days after written notice from the insurer or carrier of the intent to terminate coverage is received by the Department of Transportation.

**NOTE:** Part 205 of the Department's Regulations does not allow for a predetermined termination date, and a certificate showing such a date is unacceptable.

1. The Insurer (*Check One*):

- ☐ is licensed to issue aircraft insurance policies in the United States;
- ☒ is licensed or approved by the government of MEXICO to issue aircraft insurance policies; or
- ☐ is an approved surplus line insurer in the State(s) of \_\_\_\_\_

2. The insurer assumes, under the policy or policies listed below, aircraft accident liability insured to minimums at least equal to the following during operation, maintenance, or use of aircraft in "foreign air transportation" as that term is defined in 49 U.S.C. 40102.  
(*Complete applicable section A, B, or C below*):

**A. CANADIAN AIR TAXI OPERATORS WITH PART 294 AUTHORITY ONLY**

The aircraft covered by this policy have: (1) 30 or fewer passenger seats and a maximum payload capacity of 7,500 pounds or less; and/or (2) a maximum authorized takeoff weight on wheels of no more than 35,000 pounds.

(*Complete separate or combined coverage as appropriate*):

Policy No.	Type of Liability	Minimum Limit	
		Each Person	Each Occurrence
_____	Combined Bodily Injury (Excluding Passengers other than cargo attendants) and Property Damage Liability	\$75,000	\$2,000,000* (See note)
_____	Passenger Bodily Injury	\$75,000	\$75,000 x 75% of total number of passenger seats installed in aircraft

- ☐ Combined Coverage: This combined coverage is a single limit of liability for each occurrence at least equal to the required minimums stated above for bodily injury (excluding passengers), property damage, and passenger bodily injury.

Policy No. \_\_\_\_\_ Amount of Coverage \_\_\_\_\_ U.S. Dollars

- ☐ This policy covers CARGO operations *only* and *excludes* passenger liability insurance.

**\*NOTE:** If the aircraft covered by this policy have more than 30 passenger seats or more than a maximum payload capacity of 7,500 pounds, the minimum limit per occurrence shall be \$20,000,000.

**B. FOREIGN AIR CARRIERS OPERATING SMALL AIRCRAFT**

The aircraft covered by this policy are SMALL AIRCRAFT (i.e., with 60 or fewer passenger seats or with a maximum payload capacity of 18,000 pounds or less). *(Complete separate or combined coverage as appropriate):*

☐ Separate Coverages:

Policy No.	Type of Liability	Minimum Limit	
		Each Person	Each Occurrence
_____	Combined Bodily Injury (Excluding Passengers other than cargo attendants) and Property Damage Liability	\$300,000	\$2,000,000
_____	Passenger Bodily Injury	\$300,000	\$300,000 x 75% of total number of passenger seats installed in aircraft

☒ Combined Coverage: This combined coverage is a single limit of liability for each occurrence at least equal to the required minimums stated above for bodily injury (excluding passengers), property damaged, and passenger bodily injury.

Policy No. 0301-000064-11 Amount of Coverage 50,000,000 U.S. Dollars

☐ This policy covers CARGO operations *only* and *excludes* passenger liability insurance.

**C. FOREIGN AIR CARRIERS OPERATING LARGE AIRCRAFT**

The aircraft covered by this policy are LARGE AIRCRAFT (i.e., with more than 60 passenger seats or with a maximum payload capacity of more than 18,000 pounds). *(Complete separate or combined coverage as appropriate):*

Policy No.	Type of Liability	Minimum Limit	
		Each Person	Each Occurrence
_____	Combined Bodily Injury (Excluding Passengers other than cargo attendants) and Property Damage Liability	\$300,000	\$20,000,000
_____	Passenger Bodily Injury	\$300,000	\$300,000 x 75% of total number of passenger seats installed in aircraft

☐ Combined Coverage: This combined coverage is a single limit of liability for each occurrence at least equal to the required minimums stated above for bodily injury (excluding passengers), property damaged, and passenger bodily injury.

Policy No. \_\_\_\_\_ Amount of Coverage \_\_\_\_\_ U.S. Dollars

☐ This policy covers CARGO operations *only* and *excludes* passenger liability insurance.

3. The policy or policies listed in this certificate insure(s) *(Check One)*:

Make and Model FAA or foreign flag registration No.

☐ Operations conducted with all aircraft operated by the insured

**Lear Jet 45**

☐ Operations conducted with the following types of aircraft:

**XA-EMM**

☒ Operations with the following aircraft: (Use additional page if necessary)

**SERIE: 139**

4. Each policy listed in this certificate meets or exceeds the requirements in 14 CFR Part 205.

**SEGUROS AFIRME, SA DE CV. AFIRME GRUPO FINANCIERO**

(Name of Insurer)

(Name of Insurer)

**PLAZA DE LA REPUBLICA 26, COL. TABACALERA**

(Address)

(Address)

**DEL. CUAUHTEMOC**

(City)

**CDMX**

(State)

**06030**

(Zip Code)

(City)

(State)

(Zip Code)

**JOSE LUIS HERNANDEZ GUZMAN**

Contact (person who can verify the effectiveness of the coverage)

Contact (person who can verify the effectiveness of the coverage)

**+52 55 51 40 3000**

(Area Code, Phone Number)

(Area Code, Fax Number)

(Area Code, Phone Number)

(Area Code, Fax Number)



(Signature, if applicable)

(Signature, if applicable)

**MAY 26, 2022**

(Date)

(Date)